

Newgrange of Cheshunt Limited

Newgrange Residential Home

Inspection report

Cadmore Lane
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Date of inspection visit:
04 November 2016

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30 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 04 November 2016 and was unannounced. Newgrange Residential Home provides a service for up to 38 people. At the time of our inspection 36 people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager is also the provider for this location.

Relatives and staff were complimentary about the registered manager and how the home was run and operated.

People felt safe, happy and well looked after at the home. Relative's told us and our observations confirmed that people were safe.

Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Relatives were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were

knowledgeable about people's background histories, preferences, routines and personal circumstances.

Complaints were recorded and investigated thoroughly and responded to in line with the provider`s policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to fulfil their responsibilities.

Sufficient numbers of staff were available to meet people's care needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Is the service effective?

Good ●

The service was effective.

People received support from staff that were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet.

People had access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to take part in meaningful activities relevant to their needs

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to take part in meaningful activities relevant to their needs

People and their relatives were confident to raise concerns which were dealt with promptly.

Good ●

Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives and staff were positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt supported by the registered management.

Good ●

Newgrange Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 04 November 2016 by one Inspector and was unannounced. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at Newgrange Residential Home, three relatives, five staff members including the head chef, the deputy manager and the registered manager. We looked at three care plans and three staff files. We also looked at other relevant documents during the inspection.

Is the service safe?

Our findings

People we spoke with who lived at the home told us they felt safe. One person said, "I feel safe here, there is always plenty of people about." One relative commented, "[Relative] is safe here they are looked after here."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers for local safeguarding authorities, were displayed at the home. Staff demonstrated verbally that they understood how to report any concerns and how to escalate concerns if required. One staff member said, "I would always report any concerns." Staff we spoke with were aware of other organisations they could report concerns to such as, the Local Authority and CQC.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, and physically and mentally fit for the roles they performed. We saw relevant checks were in place before staff were allowed to start their employment. There were suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. We observed throughout the day there was enough staff to meet people's needs. One relative said, "There is enough staff here." We looked at staff rotas and found that staff levels were maintained to meet people's needs. The duty managers were always available to provide support and cover when required.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These included areas such as nutrition, mobility, health and welfare. For example the registered manager confirmed and we saw that accidents and incidents were regularly reviewed for patterns and where people had been found to be at risk of falls the use of pressure mats and updated risk assessments were in place. The register manager had identified time periods during the morning where people were at higher risk of falls they had increased staffing levels during this period to reduce the risk.

Information from any accident, injury and incident reports were monitored and reviewed by the registered manager. We saw where people had been involved in an incident this was documented and reviewed to ensure the safety and well-being of individuals at all times. For example we saw that for one person who had a fall the registered manager - investigated the circumstances and updated the care plan to reduce further the risks of falls. One relative commented, "I know [Relative] is less likely to fall. [Relative] had over four falls in six months before coming to the home, not had a fall since coming here and has been here thirteen months."

There were suitable arrangements for the safe storage and disposal of medicines. People were helped and supported to take their medicines by staff that was trained and had their competencies checked and assessed in the workplace staff demonstrated that they were knowledgeable about people's medicines, potential side effects and how to support them safely. Two staff supported people to take their medicines safely. We observed staff asking people, "Are you ready to take your medicine." We found that regular audits and stock checks were completed to ensure people were safe. We looked at a random selection of medicines and found stock levels were correct and medication that had been opened had been dated

correctly to ensure that the medicine was used within the manufactures best before date. The medicine administration records (MAR) that we looked at were completed properly.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to help keep people safe. For example fire alarms were regularly checked and staff we spoke to knew what to do in the event of a fire. We noted that this had been discussed at staff meetings.

Is the service effective?

Our findings

Staff were able to demonstrate that they established people's wishes and obtained their consent before providing support. We saw staff supporting people with choices throughout the inspection. One person said, "Staff always ask if it's ok to help."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that people who lacked capacity to make their own decisions had capacity assessments in place and decisions were made in their best interest. People were supported to make choices. At the time of the inspection we found that where people's freedoms had been restricted in order to keep them safe DoLS authorities had been applied for.

Relatives were positive about the skills, experience and abilities of the staff. One relative said, "They [Staff] are very responsive to my [Relative] needs." Newly employed staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, dementia and first aid. A staff member said, "I had an induction and I was like a fish out of water (This had been their first experience working in a care home). After my training and shadowing was complete I felt confident to look after people. (Shadowing is when a new staff member works alongside a competent staff member until they are confident and skilled to work independently).

Staff felt supported by the managers and were actively encouraged to have their say about any concerns they had. They had the opportunity to attend regular meetings and discuss issues that were important to them. They had regular supervisions with the registered manager where their performance and development was reviewed. A staff member said, "I feel supported, we have regular supervisions." All staff we spoke with confirmed they were supported to further develop in their career. One staff member told us they had started their level two qualification and credit framework (QCF).

People received care, treatment and support in a safe and effective way. Staff were knowledgeable about people's health and care needs. One staff member told us, "We know residents really well." One person said,

"I get on well with the staff and they know me well." People`s identified care needs were documented and reviewed by people's key workers on a monthly basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being.

People were supported to maintain healthy diets and were weighed on a regular basis. We found that where one person who could not be weighed using scales had their weight monitored by taken measurements of their mid upper arm circumference. Measuring mid upper arm circumference helps determine if a person is losing or gaining body weight. We saw that the deputy managers looked at the care plans daily to check that all weights and other recorded information has been reviewed properly to ensure that people`s changing needs were identified.

People we spoke with told us the food was good. One person said, "The food is nice here." We observed when people had their lunch and they told us the food was good. We saw one person who had not liked the main meal and was offered an alternative by staff. We saw that where people had special requirements these were met. For example one person who was a diabetic was not allowed sugar in their diet. This was managed by sugar substitutes. When tea and biscuits were served the person received sugar free biscuits to ensure their needs were met. We found that the chef had a list for people's dietary needs, likes and dislikes and this helped them to prepare food which met people`s needs. People were supported with a daily choice and there were always alternatives if people changed their minds.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. For example, we saw that people were supported with special diets and we saw documented in peoples care plans where GP's and other professionals were involved in people`s care.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person said, "I am happy here, it has a family atmosphere. A relative told us, "I was very pleased to get a place here. First time I walked in there was a good atmosphere the whole place had a nice feel. Staff are kind and caring." One staff member said, "The care is good here, we have a good team. I would have my mum stay here."

We saw staff helped and supported people with dignity and respected their privacy at all times. One person commented, "Staff respond quickly to my call bell. They respect my dignity and privacy and communicate well."

We observed good interaction from staff which suggested that they had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. Staff were able to demonstrate that they respected people's privacy. Staff communicated everything they did to ensure people were aware of what they were doing. One staff member said, "I always knock on people`s doors and say good morning I explain what I'm doing and make sure that's ok." They went on to talk about respecting people's wishes they told us that on the day of the inspection were supporting people who only required one staff for personal care. They said, "One lady prefers female staff so the deputy manager provided their care." This demonstrated that people's preferences were known and respected by staff.

People were supported to maintain positive relationships with friends and family members who were welcomed to visit them at any time. One relative said, "I can pop in when I like and I am encouraged to pop in when I can. It's always a good experience when I come; good care here [Relative] is happy." Another relative said, "Staff are helpful they show affection, they have patience and kindness."

Although people developed good relationship with all the staff who offered care and support, they also had an allocated key worker who was able to spend more one to one time with them and offer a more individualised support. One staff member said, "As a key worker we review the care plans and update the managers of any changes. We know the residents really well and their families. We ask the residents what they would like." We saw throughout the day staff supporting people in a respectful manner. For example when it came to supporting people to use the toilet this was done in a way that maintained the persons dignity.

Staff understood it was important to maintain confidentiality. We found people's personal information was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

Is the service responsive?

Our findings

People and their relatives where appropriate had been fully involved in the planning and review of the care and support provided. One person said, "[Staff] talk to me about my care plan, they ask if I'm happy here and what I want." A relative said, "My [Relative] feels pleased to be here staff have done everything to support them."

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. This included detailed information about people's preferred routines and how they liked to be supported with personal care, for example we saw that people had preferred times to get up. We found documented that one person had asked to be down stairs early for breakfast, staff were aware of this and endeavoured to ensure this happened. One person said, "They respect my wishes and get me up when I want."

There was guidance in people's care plan about their personal care needs. We saw that one person's care plan identified they needed to be repositioned every two hours to maintain their skin integrity. We found that staff managed this well and documented this daily. The person's fluid and food intake was also monitored with good guidance for staff on how to support the person to promote a good intake. There was information about what the person liked and how they wanted to spend their days. For example they liked to have the radio on during the day or television on in the background. When we visited the person's room the television was on.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. They were aware and knew how to complain. One person said, "I have made a complaint and it got sorted." Relatives told us that they were pleased with the communication from the registered manager. One relative said, "If I had any problems I could just speak to the managers but have had no need. Another relative said, "I know the manager if I had a problem I can go to the manager; the manager has always been available to answer my questions." We saw where complaints had previously been received they had been reviewed and responded to in line with the provider's complaints policy.

Opportunities were made available for people to take part in activities. We saw the Newgrange Residential Home newsletter that was printed each month. This detailed events, activities and upcoming celebrations for people to decide if they wanted to attend. For example, one person who had celebrated their 90th birthday had celebrated this with a cockney themed party. Other events included: harvest festival, Halloween fun, fireworks night and people had made a Guy Fawkes model and put it on display. We saw that there were sing-a-longs, music and movement sessions, bingo, and arts and crafts. On the day of our visit, an entertainer had come to involve people in a sing-a-long and in the afternoon there were games. One person said, "I like doing the quizzes." The activities co-ordinator told us that they spoke with people to see what they liked to do and they organised activities around people's interests.

Is the service well-led?

Our findings

At our last inspection 09 May 2015 we found that records relating to people's nutritional and pressure area care were not completed or monitored properly. Staff were not consistently recording people's weights as required. However at this inspection we found that all relevant changes were now in place to support people's needs.

There were audit systems in place, we found that regular audits were completed by the managers and there were action plans to improve the service. The registered manager said there were daily reviews of people's care plans by the deputy managers to ensure that people's weights, food and fluid charts and other relevant information had been recorded correctly. There were monthly audits of the service completed with the provider to ensure that all areas of the home had been reviewed. The provider did regular inspections of the home to ensure the home was run well.

Staff and relatives were all positive about how the home was run. They were very complimentary about the registered manager who they said was approachable. One relative said, "The manager is very approachable." A person said, "We see the manager about in the mornings." A staff member commented, "The manager is approachable, I feel they listen to me."

The registered manager was clear about the purpose of the home, how it operated and the level of care provided; they told us they performed daily spot checks around the home to ensure the people and staff were safe. They told us that they spoke with relatives, staff and people who used the service to ensure people were happy with the care provided, and would deal with any issues found. The registered manager said, "Staff can come to see me or the duty managers at any time."

The registered manager told us they felt supported in their role by the deputy managers and the provider who they saw on a regular basis but could call or email at any time. They confirmed they attended regular meetings that ensured they kept up to date with best practice and had the opportunity to share ideas. They were supported by the local authority with regular updates that supported best practice.

Staff understood their roles; they were clear about their responsibilities and what was expected of them. All staff we spoke with felt supported to do their job. There were handovers before the start of each shift to ensure staff were aware of any changes to people's needs.

The registered manager confirmed that identified areas that needed improvement had action plans in place. For example, they had identified that the people who used the home would benefit from an additional area to be able to congregate, at the time of the inspection there was only one lounge where people could come together and socialise. The provider had applied to the local authority to build an extension for a separate day space for quiet times or additional activities. We also saw where people had indicated they wished there were more snacks available throughout the day the registered manager had requested further signage to be placed around the home to promote snacks at any time. The snacks were always available the signs were used to promote and remind people of the availability of snacks.